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APPLICANTS

Timothy L. Mason, Melville, NY;

**** CONTINUING DATA *******

This application is a CIP of 29/174,678 01/22/2003 ABN
 and is a CIP of 29/176,492 02/24/2003 PAT D,489,556
 and is a CIP of 29/177,331 03/07/2003 PAT D,486,324

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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ADDRESS
 25889
 WILLIAM COLLARD
 COLLARD & ROE, P.C.
 1077 NORTHERN BOULEVARD
 ROSLYN , NY
 11576

TITLE
 Display device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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